

# California M E D I C I N E

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OWNED AND PUBLISHED BY THE CALIFORNIA MEDICAL ASSOCIATION  
450 SUTTER, SAN FRANCISCO 8      PHONE DOUGLAS 2-0062

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## EDITORIALS

### Civil Defense — An Urgent Medical Problem

Modern methods of warfare and particularly atomic warfare have presented the medical profession with tremendous problems and responsibilities. It is imperative that we accept these responsibilities and make adequate preparation at once.

Many physicians do not realize the urgency and necessity for the immediate formulation of plans for civil defense and major disaster relief. At any moment the major cities of this great nation may undergo enemy attack without warning. Try to visualize the calamity which could befall any city which had no plan to follow in event of major disaster. One, two, or three atomic bombs properly placed in any major city would kill and injure thousands of civilians, would destroy hospitals and medical personnel, would create the need for thousands of pints of blood, and would raise many other problems. And it must be recognized that bacteriological and chemical warfare may also be used in conjunction with atomic weapons.

Atomic warfare does not mean the end of civilization nor necessarily the end of any nation. The atomic bomb is the most powerful physical weapon that has been produced by man to date. With proper planning and training, and mutual aid agreements with surrounding areas, many lives can be saved. We have only to study the record of the British during the past war as contrasted with that of the Germans and Japanese. The British long before the war formed a civil defense organization which functioned very well during the war. The

result was a great saving in lives and property. Moreover, because of the organization, it was possible to maintain vital war work. On the other hand, the Germans and Japanese, who apparently did not recognize the necessity for civil defense planning, suffered many unnecessary casualties, and the efficiency of their war industries was greatly impaired.

The fundamental precepts of civil defense are self-help and mutual aid. The success of civil defense depends upon thorough, intelligent and flexible planning and full cooperation at the national, state, county and, particularly, the community level. There is no need to wait for planning on the national level; with capable leadership, the basic local problems can always be best handled on the local level.

The general program of the medical and health services in preparing for civil defense is to provide for the augmentation, mobilization, organization, and direction of the medical and public health facilities, resources, and personnel of the regularly constituted health and medical organizations within the state. To these organizations falls the task of setting up safeguards for the health of the community—providing emergency care for the sick and injured and arranging for hospital treatment in the event of a major disaster resulting from attack by enemy forces, acts of sabotage, serious epidemics, or natural disasters of catastrophic proportions. Only by proper planning can maximum use be made of the personnel, existing facilities, equipment, and resources within each community.

Emergency medical service committees of county medical societies must make and put into effect as soon as possible plans for the following:

1. Staffing of existing and auxiliary facilities for the care of the sick and injured.
2. Expansion, selection of, and equipping the facilities for maximum operation under major disaster conditions.
3. The medical care and the evaluation of the sick and injured.
4. The standardization of the methods of treatment of certain injuries, such as burns and damage by radiation.
5. Training of personnel. Each physician has a definite obligation to learn all he can and to prepare himself to fit into his community civil defense program.

The public health services with the assistance of the medical profession should provide for the control of communicable disease, for environmental sanitation, for keeping vital records, and for mortuary services.

The radiological defense organization will provide for radiological monitoring, decontamination

procedures, instrumentation, meteorology, special laboratories, and the training of special personnel.

Civil defense planning is here to stay. It must become a part of local, county, state, and national medical activities. Scientific programs should include papers on the medical defense against atomic weapons, the treatment of burns, principles of handling and sorting casualties, radiation sickness, and the collection and preservation of supplies. Civilian casualties may be higher than those suffered by the military. The civilian population of cities in strategic areas must be protected against the depletion of medical and allied personnel.

With regard to bacteriological warfare, generalized attacks against the population in industrial, communication and governmental centers might be launched by disseminating germs in sources of water and food supplies. For this reason all physicians and public health officials must be constantly on the alert and report all new diseases affecting animals as well as humans. All standard preventive measures must be constantly employed.

Not to act when danger threatens is to neglect a duty to the community which is accepted in the profession of medicine.



## Tests for Advertisements

In a cover-to-cover perusal of even some of the more reputable medical journals, a reader need be no more than mildly critical to become painfully aware that some of the advertisements do not measure up to the quality of scientific articles appearing in these journals. Because sound standards of advertising obviously were needed to correct such shortcomings, the American Medical Association some years ago set up certain criteria which must be met in advertisements published in the various publications of the A.M.A.

As a means of offering similar standards for state medical journals, the A.M.A. later established the Cooperative Medical Advertising Bureau, now known as the State Journal Advertising Bureau of the A.M.A. This bureau abides by the dicta of the various councils and committees of the A.M.A. and exercises a self-determined authority over the acceptance of advertising of non-therapeutic products such as cigarettes, beverages and other items of general public interest.

With the exception of Illinois, all state medical journals have at one time or another been affiliated with the A.M.A. state journal group. The New York State Journal of Medicine withdrew from the group

some years ago and in 1947 the Rhode Island and California journals likewise struck out on their own. We in California reached this decision for two principal reasons: (1) We wanted a more concentrated representation of our journal, free of some of the restrictive regulations applied against items which were not Council-accepted but were generally accepted by the medical profession; (2) CALIFORNIA MEDICINE had grown to a size where the establishment of its own advertising department was considered a necessity for the assurance of sound principles of advertising content and good business methods.

When CALIFORNIA MEDICINE withdrew from the cooperative organization, the C.M.A. Council established a Committee on Advertising, which in its earliest meetings set up definite criteria for all advertising to be accepted in the journal. The questions asked by the committee and the rules it follows in determining whether or not a product is acceptable for advertising are:

1. Has the product been presented to any Council of the American Medical Association? If not acceptable, when was product submitted and for what reason was it not accepted?